

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032437

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4686

STATE FILE NUMBER

FILED SEP 13 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

40 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

6108 St. John

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

Jackson

admission)

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

6108 St. John

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOSEPH

T.

SCHRECKLER

4. DATE OF DEATH

Month

Day

Year

August 22, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-6-1903

9. AGE (last birthday)

60

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auto Painter

10b. KIND OF BUSINESS OR INDUSTRY

Central Pontiac Co. Marshall, Mo.

11. BIRTHPLACE (City and state or country)

USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

William Schreckler

13b. MOTHER'S MAIDEN NAME

Josie Hays

14. NAME OF HUSBAND OR WIFE

Buren Schreckler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

K.C. Mo.

Buren Schreckler, 6108 St. John

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

DUE TO (b)

Coronary artery disease and

DUE TO (c)

Emphysema

INTERVAL BETWEEN ONSET AND DEATH

not known

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-20

to 8-20-63

and last saw her him alive on 8-20-63

Death occurred at 11 PM 8-22-63

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm. Fowler Sr

22b. ADDRESS

6002 St John

22c. DATE SIGNED

8-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8-26-1963

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Marshall, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Sheil Funeral Home, Kansas City, Mo.

8-23-63

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Wm. Fowler

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jimmy L Birch

Licensed Embalmer No. 5212

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.